

July 31, 2009

Casa de la Familia
Attention: ***REDACTED***
REDACTED
Los Angeles, CA 90010

FRED AGUIAR
Secretary
State and Consumer Services Agency
Chairperson
JOHN CHIANG
State Controller
Board Member
MICHAEL A. RAMOS
San Bernardino County District Attorney
Board Member
JULIE NAUMAN
Executive Officer

RE: On-site audit conducted on February 9, 2009

Dear Ms.***REDACTED***:

On February 9, 2009, the Mental Health Section of the Victim Compensation Program (VCP) conducted an on-site review of the mental health services provided to victims of crime whose treatment at your facility was billed to the VCP. The focus of this review was to determine compliance with the terms and conditions of the Provider Agreement (Agreement) between the VCP and Casa de la Familia. The Agreement requires that: (1) treatment provided be performed in accordance with all applicable federal, state, county laws, ordinances, regulations and procedures; (2) treatment provided be necessary as a direct result of the qualifying crime (i.e. the crime for which the application was filed); (3) the VCP be billed at the correct payment rate and percentage of treatment related to the qualifying crime; (4) a consent for treatment and the authorization for release of confidential information be properly completed; and (5) the VCP Treatment Plans be completed.

SCOPE

We selected a sample size of 74 files for the review. This represents approximately 11% of the 657 files active in the Agreement through December 2008.

METHODOLOGY

The review consisted of an analysis of the VCP's electronic file for each selected applicant with a corresponding examination of your file, focusing on:

- the type and severity of the qualifying crime;
- the relationship of your client to the direct victim of the qualifying crime;
- your client's age when the qualifying crime occurred;
- the amount of mental health treatment provided to date with a review of the billing submitted;
- the completeness and content of the Treatment Plan(s) and a review of the treatment notes;
- the qualification(s) of the treating therapist and supervising therapist (if required); and
- whether the VCP was billed at the correct payment rate and percentage of treatment related to the qualifying crime.

SUMMARY OF RESULTS

Following is a list of the specific areas reviewed and our finding on each:

Client Documents (if the claimant is a minor, the parent /legal guardian must sign)

- * 99% Files included a signed consent for treatment.
One file was missing this document.
- * 100% Files included a signed authorization for release of information.
- * 94% Files included a proof of discussion of confidentiality/privilege.
Four files were missing this document.

Therapeutic Treatment

- 93% Files included timely Treatment Plans (i.e. completed by the end of the fifth session).
The Treatment Plan was considered untimely for five files as four were not dated and another was completed after the 13th session.
- * 93% Files included Treatment Plans with all required information.
Five files were missing required information as four were not dated and another was missing the percentage of treatment related to the crime.
- 100% Files included Treatment Plans with objective measures for treatment progress.
- * 100% All treatment plans were signed by the treating therapist and supervising therapist (if applicable).
- * 96% Files included legible treatment notes.
Three files contain notes that were difficult to read.
- * 97% Files included treatment notes that demonstrated the therapy provided was necessary as a direct result of the qualifying crime.
The notes for two files indicated that treatment was either not necessary or only partially necessary as a direct result of the qualifying crime. According to the notes, the treatment appeared to be focused on issues unrelated to the qualifying crime or did not establish a relationship to the symptoms caused by the qualifying crime.

- * 93% Files included treatment notes that demonstrated substantial progress has been made in treatment and/or the treatment best aided the claimant (only applicable if the client received at least 15 sessions at your facility).

The notes for five files indicated that treatment had either not substantially progressed and/or best aided the claimant, had partially progressed and/or best aided, or substantial progress and/or best aid was not clearly documented. These findings were based on the review team's observation that treatment progress and best aid was not well documented, the claimant resisted treatment, or the notes lacked descriptions of the symptoms being treated, interventions used, and the effectiveness of the interventions.

100% Therapist license/registration was current when treatment was provided;

- * 89% Treatment was billed at the correct payment rate.

Eight files contained billing errors.

96 % Overall rating

- * Some of the data for this area was not completed by the reviewers or not applied due to less than 15 session hours provided. Therefore the base figure of 74 files was reduced accordingly to insure an accurate accounting of compliance.

DETAILS OF AREAS BELOW 100%

- Signed Consent

A signed consent for treatment could not be located in your file for the following claimant (if the applicant is a minor, the parent/legal guardian must sign):

*****REDACTED*****

- Proof of Discussion of Confidentiality/Privilege

A signed proof of discussion of confidentiality/privilege could not be located in your files for the following claimants (if the claimant is a minor, the parent /legal guardian must sign):

*****REDACTED*****

*****REDACTED*****

*****REDACTED*****(In file but not signed.)

*****REDACTED*****

- Treatment Plans Completed Timely

It could not be verified that the Treatment Plans for the following claimants were completed in a timely manner (i.e. by the end of the fifth session) because the treating therapist failed to date when it was completed:

*****REDACTED*****

*****REDACTED*****

*****REDACTED*****

*****REDACTED*****

The Treatment Plan for the following claimant was not completed timely:

REDACTED (signed after the 13th session)

- Treatment Plans In File and Complete

The Treatment Plans for the following claimants were not complete (the missing information is in parentheses):

REDACTED - Treatment Plan was not dated.

REDACTED - Treatment Plan was not dated.

REDACTED - Treatment Plan was not dated.

REDACTED - Percentage of treatment related to the crime is missing.

REDACTED - Treatment Plan was not dated.

- Legible Treatment Notes

The treatment notes for the following claimants were either missing or not legible:

REDACTED - Treatment notes are difficult to read.

REDACTED - Treatment notes were missing for the two sessions provided.

REDACTED - Treatment notes are difficult to read.

- Treatment Notes Demonstrated the Therapy Provided was Necessary as a Direct Result of the Qualifying Crime

After a reviewing the treatment notes for the following claimants, the review team determined that treatment was either not necessary or only partially necessary as a direct result of the qualifying crime:

REDACTED – The qualifying crime was the molest of the claimant's older sister by her ***REDACTED*** and her removable from the home due to neglect. The treatment notes indicated that therapy was focused almost entirely on the claimant's placement issues. The reviewer could not tell from the notes if the therapy was necessary as a direct result of the qualifying crime.

REDACTED - The qualifying crime was illegal sexual intercourse to the claimant***REDACTED*** The Treatment Plan and notes indicated that therapy was for ***REDACTED*** (there is no application for this alleged incident).

- Treatment Notes Demonstrated Substantial Progress and/or Treatment Best Aids

After reviewing the treatment notes for the following claimants, the review team determined that treatment had not substantially progressed and/or best aided the claimant, had partially progressed and/or best aided, or substantial progress and/or best aid was not clearly documented (only applicable if the claimant received 15 or more hours of therapy at your facility).

REDACTED (15.5 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and the treatment only partially best aided the claimant. She did not want to continue with her therapist and transferred to another.

REDACTED (40 sessions provided)

It could not be determined from the treatment notes if there was substantial progress as the notes did not detail the interventions, are repetitive, and lack new information.

REDACTED (18 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and the treatment only partially best aided the claimant as the notes focus almost entirely on placement issues.

REDACTED (30 sessions provided)

It could not be determined from the treatment notes if there was substantial progress as the claimant did not want to work with the Treatment Plan. According to the notes, progress was slow and inconsistent.

REDACTED (36 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and if the treatment best aided the claimant as the notes do not provide much information on the effectiveness of the interventions.

- Billing At Correct Rates

The review team documented billing errors for the following claimants:

REDACTED – According to the treatment notes the ***REDACTED*** intake was 1.5 hours duration but was billed as 2 hours, and the ***REDACTED*** and ***REDACTED*** sessions were 43 and 41 minutes duration respectively, but each was billed as one hour (both should have been billed as 30 minutes per Attachment C of the Agreement).

REDACTED – According to the treatment note, the ***REDACTED*** intake was 1.5 hours duration but was billed as 2 hours.

REDACTED – According to the treatment note, the ***REDACTED*** session was 25 minutes duration but was billed as one hour.

REDACTED – According to the treatment notes, one of the sessions was 35 minutes duration, but all bills submitted are one hour sessions.

REDACTED – According to the treatment note, the ***REDACTED*** intake was 1.5 hours duration but was billed as 2 hours.

REDACTED - According to the treatment note, the ***REDACTED*** intake was 1.5 hours duration but was billed as 2 hours.

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ADDITIONAL OBSERVATIONS

Type of Files Reviewed (74 Files)

- 28 (38%) for adult applicants;
- 34 (46%) for minors six years and older;
- 12 (16%) for minors under six.

Files Nearing (Within 5 Hours), Reaching, or Exceeding the Initial Session Limit

- 24 (32%) of the 74 files reviewed are near, have reached, or have exceeded their initial session limit;
 - 8 (29%) of the 28 files for adults;
 - 10 (29%) of the 34 files for minors six years and older;
 - 6 (50%) of the 12 files for minors under age six.

Mental Health Treatment

- Treatment for the 74 files reviewed averaged 22.7 sessions per file with an average duration of 8.2 months;
 - Treatment for the 28 files for adults averaged 16.7 sessions per file with an average duration of 7.5 months;
 - Treatment for the 34 files for minors six years and older averaged 26.8 sessions per file with an average duration of 7.9 months;
 - Treatment for the 12 files for minors under age six averaged 30.9 sessions per file with an average duration of 10.8 months.

Additional Treatment Plans (ATP) Submitted

- Of the 74 files reviewed, only 2 (3%) had ATPs submitted requesting additional sessions beyond the applicant's initial session limit. Both ATPs were allowed (25 and 20 additional sessions respectively).

Due to your score of 96% compliance, no corrective action is needed. We look forward to visiting your agency again, and will plan to do so approximately 12 to 18 months from

the date of this letter. During that visit we will present any new information from the VCP and confirm that any areas falling below 100% have been satisfactorily addressed. If you have any questions or concerns about this report, please contact Bob Sonsalla at (916) 491-3522 or email bob.sonsalla@vcgcb.ca.gov.

Sincerely,

Janice Patton SSMII, Manager
Policy, Research and Mental Health Sections
Victim Compensation and Government Claims Board